Date of election if applicable (Morth, Day, Year)	Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print	CALIFORNIA 460
1. Type of Recipiant Committee: All Committees - Complete Parts 1, 2, 3, and 4.  ② Officeholder, Candidate Controlled Committee ③ Rocial Party (Candidate Controlled Committee (No Consepte Parts 1) (Prinarily Formed Ballot Measure Committee (No Consepte Parts 1) (Prinarily Formed Ballot Measure Committee (No Consepte Parts 1) (Prinarily Formed Candidate) (No Co		1	(Month, Day, Year)
Officerologic Controlled Committee   Primarily Formed Ballot Measure   Primarily Formed Ballot Formarily Ballot Measure   Primarily Formed B	Manager and the second		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  PATE BATES FOR SUPERVISOR  PATE BATES FOR SUPERVISOR  STREET ADDRESS (NO PO. BOX)  CITY  STATE  ZIP CODE  AREA CODE/PHONE  AREA CODE/PHONE  CITY  STATE  ZIP CODE  AREA CODE/PHONE  OPTIONAL: FAX / E-MAIL ADDRESS  Verification  I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under the laws of the State of California that the foregoing is true and Syrables of Containing Office to Syrables  Executed on 03/07/2006  Date  Date  Signature of Containing Officeloider, Candidate, State Measure Proponent of Responsible Officer of Sporesor  Signature of Containing Officeloider, Candidate, State Measure Proponent  Date  Signature of Containing Officeloider, Candidate, State Measure Proponent  Signature of Containing Officeloider, Candidate, State Measure Proponent  Date  Signature of Containing Officeloider, Candidate, State Measure Proponent  Signature of Containing Officeloider, Candida	Omicenolder, Candidate Controlled Committe     State Candidate Election Committee     Recall     (Also Complete Part 5)  General Purpose Committee     Sponsored     Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee	Preelection Statement  Semi-annual Statement  Termination Statement (Also file a Form 410 Termination)  Amendment (Explain below)  Quarterly Statement  Special Odd-Year Report  Supplemental Preelection Statement - Attach Form 495
Pat Bates for Supervisor    STREET ADDRESS (NO P.O. BOX)   CITY   STATE   ZIP CODE   AREA CODE/PHONE			Treasuror(e)
CITY STATE ZIP CODE AREA CODE/PHONE  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR PO. BOX  MAILING ADDRESS  CITY STATE ZIP CODE AREA CODE/PHONE  CITY STATE		COMMITTEE)	NAME OF TREASURER  Betty Presley
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR PO. BOX  MAILING ADDRESS  CITY  STATE  ZIP CODE  AREA CODE/PHONE  OPTIONAL: FAX / E-MAIL ADDRESS  OPTIONAL: FAX / E-MAIL ADDRESS   Verification  I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and complete. I certify  Executed on 03/07/2006  Executed on 03/07/2006  Date  Signature of Controlling Officeholder, Candidate, State Measure Proponent  Executed on Date  Signature of Controlling Officeholder, Candidate, State Measure Proponent  Executed on Date  Signature of Controlling Officeholder, Candidate, State Measure Proponent	STREET ADDRESS (NO P.O. BOX)		
OPTIONAL: FAX / E-MAIL ADDRESS   OPTIONAL: FAX / E-MAIL ADDRESS   Verification  I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and complete. I certify  Executed on	SIALE	AREA CODE/PHONE	***************************************
OPTIONAL: FAX / E-MAIL ADDRESS  I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and opprect.  Executed on		ET OR P.O. BOX	MAILING ADDRESS
Verification	SIAIE	ZIP CODE AREA CODE/PHONE	STATE ZIP CODE AREA CODE/PHONE
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under the laws of the State of California that the foregoing is true and complete. I certify    Executed on			OPTIONAL: FAX / E-MAIL ADDRESS
Executed on03/07/2006  Executed on03/07/2006  Date  Executed on	Verification     I have used all reasonable diligence in preparing an under penalty of perjury under the laws of the State of the	nd reviewing this statement and to the best of my kno of California that the foregoing is true and correct.	owledge the information contained herein and in the attached schedules is true and complete. I certify
Executed on	03 (07 (2006	The state of the s	ly theoley
Date  Signature of Controlling Officeholder, Candidate, State Measure Proponent  Date  By		- Tatere	and the second
Date By		—— B√	
Signature of O. L. III. Conf. Co. Co.		By	Signature of Controlling Officeholder, Candidate, State Measure Proponent  Signature of Controlling Officeholder, Candidate, State Measure Proponent

**FORM** 

Page 2 of 66

. Officeholder or Candidate Controlled Comm	hittoo						
NAME OF OFFICEHOLDER OR CANDIDATE	urree	6.	Primarily Formed Ballo	t Measure	Committee		
Patricia Bates			NAME OF BALLOT MEASURE				
							Y e
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC Board of Supervisors County of Orange	CT NUMBER IF APPLICABLE)		*BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) C	ITY STATE ZIP			<u> </u>			
			Identify the controlling offi	ceholder, ca	ndidate, or state m	easure	proponent if any
			NAME OF OFFICEHOLDER, CAN				proponent, if any.
Related Committees Not Included in this Statement included in this statement that are controlled by your contributions or make expenditures on behalf of your care	Or are primarily formed to mention		OFFICE SOUGHT OR HELD			IICT NO.	IF ANY
COMMITTEENAME Friends of Pat Bates - 2006	I.D. NUMBER 1263599	v					
NAME OF TREASURER Betty Presley	CONTROLLED COMMITTEE?  X YES	7.	Primarily Formed Cand officeholder(s) or candidate(s)	idate/Offic	eholder Commi s committee is prima	ttee Li rily form	st names of ged.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	DX)		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUGHT OF	RHELD	SUPPORT OPPOSE
CITY STATE ZIP C	ODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUGHT OF	R HELD	SUPPORT
COMMITTEE NAME	I.D. NUMBER						OPPOSE
NAME OF TREASURER			NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUGHT OF	RHELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUGHT OR	HEID	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	YES NO					TILLD	SUPPORT OPPOSE
CITY STATE ZIP CO	DDE AREA CODE/PHONE		Attach	continuatio	n sheets if necess	ary	

## Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Pat Bates for Supervisor 1265511 **Contributions Received** Column A Column B **Calendar Year Summary for Candidates** TOTAL THIS PERIOD CALENDAR YEAR (FROMATTACHED SCHEDULES) Running in Both the State Primary and TOTAL TO DATE **General Elections** 2. Loans Received ...... Schedule B, Line 3 0.00 1/1 through 6/30 7/1 to Date 1,000.00 20. Contributions 4. Nonmonetary Contributions ...... Schedule C, Line 3 Received \$ 109,160.00 **\$** 68,850.00 0.00 100.00 5. TOTAL CONTRIBUTIONS RECEIVED ...... Add Lines 3 + 4 \$ 68,850.00 \$ 21. Expenditures 179,010.00 Made \$ <u>72,361.06</u> **\$** <u>62,373.69</u> **Expenditures Made Expenditure Limit Summary for State Candidates** 7. Loans Made ...... Schedule H, Line 3 0.00 0.00 8. SUBTOTAL CASH PAYMENTS ...... Add Lines 6 + 7 \$ \_\_\_\_\_74,127.46\_\_\_\_ 22. Cumulative Expenditures Made\* \$ \_\_\_\_139,041.85 (if Subject to Voluntary Expenditure Limit) 9. Accrued Expenses (Unpaid Bills) ......Schedule F, Line 3 \_\_\_\_\_-11,753.77 3,868.75 Date of Election 10. Nonmonetary Adjustment ...... Schedule C, Line 3 Total to Date 0.00 (mm/dd/yy) 100.00 **Current Cash Statement** To calculate Column B, add 13. Cash Receipts ...... Column A, Line 3 above amounts in Column A to the 68,850.00 14. Miscellaneous Increases to Cash ...... Schedule I, Line 4 corresponding amounts \*Amounts in this section may be different from amounts 0.00 from Column B of your last 15. Cash Payments ...... Column A, Line 8 above reported in Column B. report. Some amounts in 74,127.46 Column A may be negative figures that should be If this is a termination statement, Line 16 must be zero. subtracted from previous period amounts. If this is the first report being filed 17. LOAN GUARANTEES RECEIVED ...... Schedule B, Part 2 \$ \_\_\_\_\_ for this calendar year, only carry over the amounts Cash Equivalents and Outstanding Debts from Lines 2, 7, and 9 (if 18. Cash Equivalents ...... See instructions on reverse \$ FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

#### Schedule A **Monetary Contributions Received**

SEE INSTRUCTIONS ON REVERSE

Pat Bates for Supervisor

NAME OF FILER

Type or print in ink. Amounts may be rounded to whole dollars.

		_	_			
SC	н	۰	D	i I	ΙF	Δ

Statement covers period	OONEBOLE A
from07/01/2005	CALIFORNIA 460
through12/31/2005	Page4 of66
	I.D. NUMBER

1265511 FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR IF AN INDIVIDUAL, ENTER DATE AMOUNT CONTRIBUTOR CUMULATIVE TO DATE PER ELECTION (IF COMMITTEE, ALSO ENTER I.D. NUMBER) RECEIVED OCCUPATION AND EMPLOYER RECEIVED THIS CODE # CALENDAR YEAR TODATE (IF SELF-EMPLOYED, ENTER NAME PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OF BUSINESS) 07/08/2005 Stephen P Couig XIND COO 500.00 500.00 P 06 500.00 ПСОМ **∏OTH** Capital Pacific Holdings PTY SCC 07/08/2003 Dana Smith XIND Owner 1,500.00 1,500.00 P 06 1,500.00 ПСОМ OTH Dana Capital Group Inc □ PTY □scc 07/11/2005 American Medical Response □IND 1,500.00 1,500.00 P 06 1,500.00 ПСОМ **⊠OTH** □ PTY □scc 07/11/2005 Jacobs Civil Inc. 250.00 250.00 P 06 250.00 ПСОМ X OTH **□PTY** □ SCC 07/20/2005 Committee for Improved Public Policy (#860849) 100.00 100.00 P 06 1,500.00 X COM Потн □ PTY □scc

SUBTOTAL \$ 3,850.00

#### **Schedule A Summary** 1 Amount received this period itemized

/Include all Schodule A cubtatala )		
(Include all Schedule A subtotals.)	 \$	67,080.00
2. Amount received this period – unitemized monetary contributions of less than \$100	œ	1.770.00

3. Total monetary contributions received this period.

\*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC) OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Type or print in ink.

Amounts may be rounded to whole dollars

SCHEDULE A (CONT.)

Amounts may be rounded		OOLITBOLL V (COMI')				
to whole dollars.	Statement covers period	CALIFORNIA 400				
•	from <u>07/01/2005</u>	FORM 460				
	through <u>12/31/2005</u>	Page5 of66				
•		I.D. NUMBER				
		1265511				

	EINS NAME OVDEST ASSESSED.				126	5511	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		R ELECTION TO DATE REQUIRED)
08/05/2005	Connecticut General Life Insurance Co	☐IND ☐COM ③OTH ☐PTY ☐SCC		1,000.00	1,000.00	P 06	1,000.00
08/05/2005	Robert Gillies	⊠IND □COM □OTH	Retired None	100.00	300.00	P 06	400.00
08/05/2005	Harriet Moidel	□сом Потн	Retired None	100.00	100.00	P 06	100.00
08/05/2005	Seabreeze Management Co., Inc	□IND □COM ☑OTH □PTY □SCC		1,000.00	1,000.00	P 06	1,000.00
08/16/2005	Robert J. Close	□сом	Vice President STV Incorporated	250.00	250.00	P 06	250.00
			SUBTOTAL \$	2,450.00			

\*Contributor Codes

IND - Individual

NAME OF FILER

Pat Bates for Supervisor

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 07/01/2005	CALIFORNIA 460
through <u>12/31/2005</u>	Page 6 of 66
	I.D. NUMBER
	1265511

Pat Bates for Supervisor

NAME OF FILER

					120	5511	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF, EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	İ	ER ELECTION TO DATE REQUIRED)
08/16/2005	Stephen J. Pare	IND  COM  OTH  PTY  SCC	Architect Washington Group International	250.00	250.00	P 06	250.00
08/16/2005	Towill, Inc.	☐IND ☐COM ☑OTH ☐PTY ☐SCC		500.00	750.00	P 06	750.00
08/16/2005	Stephen Wagner	⊠IND □COM □OTH □PTY □SCC	Business Development  CarrierJohnson Company	250.00	250.00	P 06	250.00
08/19/2005	Gwen G Brown	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Homemaker None	250.00	1,500.00	P 06	1,500.00
08/19/2005	CL7 Communications	□IND □COM 図OTH □PTY □SCC		100.00	100.00	P 06	100.00
			SUBTOTAL\$	1,350.00	7-1-100 7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		

\*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.

Amounts may be rounded to whole dollars

SCHEDULE A (CONT.)

٠		to whole o		Statement cov	-	CALIF FO	ORNIA RM	460	
IAME OF FILER				through _12/31/2	005	Page	of _	66	
at Bates fo	r Supervisor		-			I.D. NUME 126551			
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTO (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER	AMOUNT RECEIVED THIS	CUMULATIVE TO	DATE	PER ELE		i

					126	5511	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	1	RELECTION FODATE REQUIRED)
08/19/2005	Sandra K. Condello	⊠IND □COM	Homemaker	100.00	100.00	P 06	100.00
		□OTH □PTY □SCC	None	·			
08/19/2005	Adele Donato	⊠IND □COM	Retired ·	35.00	135.00	P 06	135.00
		□OTH □PTY □SCC	None				
08/19/2005	G Wayne Eggleston	IND □ COM	Real Estate Appraiser	70.00	195.00	P 06	195.00
		□OTH □PTY □SCC	G Wayne Eggleston		·		
08/19/2005	Rod Eide	⊠IND □COM	President	200.00	200.00	P 06	450.00
		Потн	Sheet Metal Works				
08/19/2005	Ann Hagerty	⊠IND □COM	Retired	100.00	. 100.00	P 06	100.00
		□OTH □PTY □SCC	None		·		
			SUBTOTAL\$	505.00			

\*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

1		OONEDOLE / (OON)				
-	Statement covers period	CALIFORNIA ACO				
	from07/01/2005	FORM 460				
	through <u>12/31/2005</u>	Page 8 of 66				
		I.D. NUMBER				
		1265511				

					126	5511	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF, EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		R ELECTION TO DATE REQUIRED)
08/19/2005	HOK, Inc/Hellmuth Obata & Kassabaum	☐IND ☐COM ②OTH ☐PTY ☐SCC		500.00	500.00	P 06	500.00
08/19/2005	K T Community Relations	□IND □COM 図OTH □PTY □SCC		100.00	100.00	P 06	100.00
08/19/2005	Mary S. Kehoe	⊠IND □COM □OTH □PTY □SCC	Retired None	100.00	100.00	P 06	100.00
08/19/2005	Barbara Lanni	⊠IND □COM □OTH □PTY □SCC	Homemaker None	200.00	200.00	P 06	200.00
08/19/2005	Robert Donald McIntyre	□COM □OTH	Attorney  Law Offices of R. Donald  McIntyre	100.00	500.00	P 06	500.00
			SUBTOTAL \$	1,000.00			

\*Contributor Codes

IND - Individual

NAME OF FILER

Pat Bates for Supervisor

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.

NAME OF FILER		Amounts may to whole		through 12/21/2007			CALIFORNIA FORM 460	
Pat Bates fo	or Supervisor		·			I.D. NU 1265	MBER 511	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR		ER ELECTION TO DATE REQUIRED)
08/19/2005	T.D. McMahon	IND  COM  OTH  PTY  SCC	Commercial Real Estate Grubb & Ellis	100.00	3	00.00	P 06	450.00
08/19/2005	John Minott	⊠IND □COM □OTH □PTY □SCC	Partner Lange & Minnott	135.00	13	35.00	P 06	135.00
08/19/2005	Peartree Land Management Inc.	□IND □COM		1,000.00	1,00	00.00	P 06	1,000.00

□scc 08/19/2005 Patricia L. Short XIND Realtor 100.00 □сом 100.00 P06 100.00 □отн ERA Fine Homes PTY

Scc 08/19/2005 Donna G. Varner XIND Owner 100.00 325.00 P 06 □сом 325.00 ∏отн Perception Public

Relations

□scc SUBTOTAL \$

PTY

**⊠**OTH □ PTY

\*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

1,435.00

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period

		to whole dollars.		from07/01/2	•		IFORNI ORM	<sup>^</sup> 460
NAME OF FILER				through <u>12/31/2</u>	005	Page	10	of <u>66</u>
Pat Bates f	or Supervisor					I.D. N	JMBER 5511	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF,EMPLOYED, ENTERNAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	'EAR	-	R ELECTION FO DATE REQUIRED)
08/19/2005	Whispering Hills, LLC	☐IND ☐COM ☑OTH ☐PTY ☐SCC		200.00	2	00.00	P 06	200.00
08/25/2005	John S. Adams	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Judge County of Orange	35.00	1:	34.00	P 06	134.00
08/25/2005	Sam Allevato	IND □COM	Executive Concordia University	100.00	10	00.00	P 06	100.00
08/25/2005	Wendy Bucknum	□COM	Legislative Analyst Laguna Wood Village	35.00	13	5.00	P 06	135.00
08/25/2005	Barbara Cameron	□COM □OTH	Partner Ken Massey Associates	250.00	25	0.00	P 06	250.00

SUBTOTAL \$

620.00

□scc

\*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)
OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 07/01/2005	CALIFORNIA 460 FORM
through _12/31/2005	Page11 of66
	I.D. NUMBER
	1265511

Pat Bates fo	or Supervisor			•	i	D. NUMBER	
		<u> </u>				1265511	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DA CALENDAR YEAR (JAN. 1 - DEC. 31	1	PER ELECTION TO DATE (IF REQUIRED)
08/25/2005	Suzanne C. Danis	IXIND □COM □OTH □PTY	Retired None :	100.00	100.	00 P 06	100.0
00.405.405.5		□scc					
08/25/2005	Ruth E. De Nault	☑IND □COM □OTH	Owner ·	100.00	100.	00 P 06	100.00
		□PTY □scc	De Nault Hardware				
08/25/2005	Brad L. Gates	IND □COM	Retired	100.00	100.	00 P06	100.00
		□OTH □PTY □SCC	None				
08/25/2005	E. Bridget Gould	⊠IND □COM	Homemaker	300.00	300.	00 P06	300.00
		□OTH □PTY □SCC	None				
8/25/2005	Rose Marie Gross	□сом	Sales Manager	70.00	270.	00 P 06	270.00
_	, a	(TOTH	Shelby's Car Alarms				

\*Contributor Codes

IND - Individual

NAME OF FILER

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from07/01/2005	CALIFORNIA 460
through <u>12/31/2005</u>	Page 12 of 66
	I.D. NUMBER
	1265511

					126	5511	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF, EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	1	RELECTION TO DATE REQUIRED)
08/25/2005	William M. Huber	⊠IND □COM	Assistant Manager	100.00	150.00	P 06	150.00
		□OTH □PTY □SCC	City of San Juan Capistrano				
08/25/2005	Albert Iten	⊠IND □COM	Retired	135.00	435.00	P 06	635.00
		□OTH □PTY □SCC	None		,		
08/25/2005	Kelene L. Johnson	⊠IND □COM	Planning Commission	110.00	235.00	P 06	235.00
· · · · · · · · · · · · · · · · · · ·		□OTH □PTY □SCC	City of San Clemente				
08/25/2005	Harold R. Kaufman	☑IND □COM	Settlement Broker	100.00	300.00	P 06	600.00
45		□OTH □PTY ·□SCC	EPS Settlements Group				
08/25/2005	Kathleen Lechner	□сом	Artist	100.00	125.00	P 06	125.00
•		□OTH □PTY □SCC	None				
			SUBTOTAL \$	545.00			

\*Contributor Codes

IND - Individual

NAME OF FILER

Pat Bates for Supervisor

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity) PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period	<b>1 1 1 1 1 1 1 1 1 1</b>
from07/01/2005	CALIFORNIA 460
through <u>12/31/2005</u>	Page 13_ of 66
	I.D. NUMBER
	1265511

Pat Bates for Supervisor

NAME OF FILER

					126	5511	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	ļ .	R ELECTION TO DATE REQUIRED)
08/25/2005	Patricia B. MacDonald	⊠IND □COM	Retired	70.00	370.00	P 06	370.00
		□OTH □PTY □SCC	None				
08/25/2005	Bonnie J. Maxey	⊠IND □COM	Homemaker	200.00	200.00	P 06	200.00
•		□OTH □PTY □SCC	None				
08/25/2005	Penny M. Maynard	∑IND	CEO				
		□сом	CEO	100.00	150.00	P 06	150.00
		□OTH □PTY □SCC	DP Chamber of Commerce			l	
08/25/2005	Daniel Merkle		Owner	100.00	100.00	P 06	100.00
		Потн	Lexipol, LLC				
08/25/2005	Mark J Nielsen		Executive	200.00	200.00	P 06	700.00
		Потн Потн	ISD Corp				
			011777				
		<del></del>	SUBTOTAL \$	670.00			

\*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink. Amounts may be rounded to whole dollars.

SCH	<b>IED</b> L	LE A	(CO	NT۱

	to whole dollars.			from07/01/2	•		IFORNIA ORM	460
NAME OF FILER				through _12/31/2	005	Page	14	of 66
Pat Bates f	or Supervisor					İ	JMBER 5511	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF;EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	т т	ELECTION O DATE (EQUIRED)
08/25/2005	Pacific Environmental Planning	☐IND ☐COM 図OTH ☐PTY ☐SCC		100.00	3:	25.00	P 06	325.00
08/25/2005	Rancho Sierra Vista Corp	□IND □COM 図OTH □PTY □SCC		250.00	2!	50.00	P 06	250.00
08/25/2005	Something-Moore Inc	☐IND ☐COM ☑OTH ☐PTY ☐SCC		25.00	10	05.00	P 06	135.00
08/25/2005	Mozelle R. Sukut	⊠IND □COM □OTH □PTY □SCC	Homemaker None	200.00	20	0.00	P 06	200.00
08/25/2005	Dorothy O. Wedel	<b>⊠IND</b>	Retired	25.00				

None

□сом

Потн

PTY □scc

\*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC) OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

610.00

SUBTOTAL \$

35.00

Statement covers period

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

210.00

P 06

210.00

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A	(CONT)

Statement covers period	CALIFORNIA 460
from <u>07/01/2005</u>	FORM 400
 through _12/31/2005	Page 15 of 66
	I.D. NUMBER 1265511

Pat Bates for Supervisor FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR DATE IF AN INDIVIDUAL, ENTER AMOUNT **CUMULATIVE TO DATE** CONTRIBUTOR PER ELECTION (IF COMMITTEE, ALSO ENTER I.D. NUMBER) RECEIVED OCCUPATION AND EMPLOYER RECEIVED THIS CALENDAR YEAR CODE \* TO DATE (IF SELF-EMPLOYED, ENTER NAME PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OF BUSINESS) 08/25/2005 John S. Williams XIND Trustee 250.00 P 06 ПСОМ 950.00 1,450.00 OTH SOCCCD □ PTY □scc 09/02/2005 Disney Worldwide Services Inc DIND -150.00 100.00 P 06 □сом 1,500.00 Disney Worldwide **XOTH** PTY SCC 09/19/2005 Pamela M. Adams XIND Retired 250.00 250.00 P 06 СОМ 250.00 Потн None **□PTY** □scc 09/19/2005 Centex Homes - South Coast 125.00 125.00 P 06 ПСОМ 125.00 **X**OTH □ PTY SCC 09/19/2005 Donald S. Clem XIND Day Trader 250.00 500.00 P 06 □сом 500.00 **□ОТН** Donald S. Clem **□PTY** ☐ SCC SUBTOTAL \$

\*Contributor Codes

IND - Individual

NAME OF FILER

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

725.00

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period	CALIFORNIA ACO
from 07/01/2005	FORM 40U
through <u>12/31/2005</u>	Page 16 of 66
	I.D. NUMBER
	1265511

NAME OF FILER

Pat Bates for Supervisor

					1263311			
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF, EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		R ELECTION TO DATE REQUIRED)	
09/19/2005	William Cvengros	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Consulting William Cvengros	250.00	250.00	P 06	1,350.00	
09/19/2005	Viviane J. Mann	⊠IND □COM □OTH □PTY □SCC	Homemaker None	100.00	100.00	P 06	100.00	
09/19/2005	David A. Celestin & Associates	□IND □COM ☑OTH □PTY □SCC	,	100.00	225.00	P 06	425.00	
09/19/2005	Harris & Associates	□IND □COM ☑OTH □PTY □SCC		250.00	250.00	P 06	750.00	
09/19/2005	Savala Construction Co, Inc.	□IND □COM ☑OTH □PTY □SCC		500.00	700.00	P 06	1,100.00	
			SUBTOTAL \$	1,200.00	(a)			

\*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

	OOM.				
Statement covers period	CALIFORNIA 460				
from <u>07/01/2005</u>	FORM 400				
through <u>12/31/2005</u>	Page 17 of 66				
	I.D. NUMBER				

NAME OF FILER

Pat Bates for Supervisor

	Total Supervisor					1265511		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)		
10/09/2005	Beth Pearce	⊠IND □COM □OTH □PTY □SCC	Film Maker  Voice of the Victims	300.00	300.00	P 06	300.00	
10/11/2005	Standiford Helm	IND  COM  OTH  PTY  SCC	Physician Standiford Helm MD Inc.	250.00	250.00	P 06	250.00	
09/23/2005	Louis Brown	⊠IND □COM □OTH □PTY □SCC	Retired None	100.00	100.00	P 06	200.00	
10/17/2005	Ellen T. Cooley	⊠IND □COM □OTH	Homemaker	100.00	100.00	P 06	100.00	
10/17/2005	Robert Gillies	⊠IND □COM □OTH □PTY □SCC	Retired None	100.00	300.00	P 06	400.00	
			SUBTOTAL \$	850.00			ri i de la companya di salah d	

\*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period	CALIFORNIA AGO
from <u>07/01/2005</u>	FORM 460
through <u>12/31/2005</u>	Page18 of66
	I.D. NUMBER
	1265511

1265511 FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR DATE CONTRIBUTOR IF AN INDIVIDUAL, ENTER AMOUNT **CUMULATIVE TO DATE** (IF COMMITTEE, ALSO ENTER I.D. NUMBER) PER ELECTION RECEIVED OCCUPATION AND EMPLOYER RECEIVED THIS CODE \* CALENDAR YEAR TO DATE (IF SELF-EMPLOYED, ENTER NAME PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OF BUSINESS) 10/17/2005 Robert Donald McIntyre **⊠IND** Attorney 100.00 500.00 P 06 СОМ 500.00 Потн Law Offices of R. Donald PTY McIntyre □ scc 10/17/2005 Paul Hamilton Professional Corp **□IND** 250.00 P 06 □сом 550.00 550.00 **XOTH** □ PTY □scc 10/17/2005 Virginia L. Pillsbury XIND Retired 100.00 100.00 P 06 □сом 100.00 □oтн None □ PTY □SCC 10/17/2005 Carl H. Reinhart XIND Real Estate Broker 250.00 250.00 Псом P 06 250.00 Потн Peninsula Inv Real Estate PTY □ SCC 10/17/2005 Katy Derby Smiser XIND Retired 100.00 100.00 P 06 Псом 100.00 Потн None □ PTY □scc SUBTOTAL \$ 800.00

\*Contributor Codes

IND - Individual

NAME OF FILER

Pat Bates for Supervisor

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

	OCHEDOLE A (CONT.)
Statement covers period	CALIFORNIA ACO
from07/01/2005	FORM 40U
through 12/31/2005	Page 19 of 66
	I.D. NUMBER

Pat Bates for Supervisor 1265511 FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR DATE IF AN INDIVIDUAL, ENTER AMOUNT **CUMULATIVE TO DATE** CONTRIBUTOR PER ELECTION (IF COMMITTEE, ALSO ENTER I.D. NUMBER) RECEIVED OCCUPATION AND EMPLOYER RECEIVED THIS CALENDAR YEAR CODE \* TODATE (IF SELF-EMPLOYED, ENTER NAME PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OF BUSINESS) 10/23/2005 Adele Donato XIND Retired 100.00 135.00 P 06 СОМ 135.00 □отн None **□** PTY □scc 10/23/2005 Steven C. Knoblock XIND Sr. Vice President 150.00 □сом 200.00 P 06 200.00 Потн Fidelity National □ PTY Financial □ scc 10/23/2005 Susan E. Ritschel XIND Commercial Real Estate 150.00 150.00 P 06 СОМ 150.00 ПОТН Davenport Partners □ PTY SCC 10/23/2005 Mario Rodriguez XIND Executive 200.00 450.00 P 06 450.00 □сом ПОТН Johnathan Gray & Assoc □ PTY □ SCC 10/23/2005 Jeffrey T. Smith XIND Architect 250.00 250.00 P 06 250.00 □ СОМ Потн Jeff Smith PTY □ SCC

SUBTOTAL \$

850.00

\*Contributor Codes

IND - Individual

NAME OF FILER

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period	CALIFORNIA ACO
from07/01/2005	FORM 40U
through <u>12/31/2005</u>	Page 20 of 66
	I.D. NUMBER

Pat Bates for Supervisor

NAME OF FILER

					126	5511	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF, EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		R ELECTION TO DATE REQUIRED)
10/25/2005	Thomas J. Bonkowski	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Analyst Irvine Ranch Water District	200.00	200.00	P 06	200.00
10/25/2005	Robert L. Brown	⊠IND □COM □OTH □PTY □SCC	Financial Planner Tax & Financial Group	100.00	225.00	P 06	225.00
10/25/2005	Cynthia J. Cooper	IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Homemaker None	150.00	150.00	P 06	150.00
10/25/2005	Farino Construction Services	□IND □COM ☑OTH □PTY □SCC	·	250.00	350.00	P 06	350.00
10/25/2005	Angus MacPherson	□сом Потн	President IDNA Construction	1,250.00	1,250.00	P 06	1,250.00
			SUBTOTAL \$	1,950.00	A Charles		

\*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

	OONEDOLE / (OON)			
Statement covers period	CALIFORNIA AGO			
from <u>07/01/2005</u>	FORM 400			
through <u>12/31/2005</u>	Page 21 of 66			
	I.D. NUMBER			

Pat Bates for Supervisor 1265511 FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR IF AN INDIVIDUAL, ENTER AMOUNT **CUMULATIVE TO DATE** DATE PER ELECTION CONTRIBUTOR OCCUPATION AND EMPLOYER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) RECEIVED THIS RECEIVED CALENDAR YEAR TODATE CODE \* (IF SELF-EMPLOYED, ENTER NAME PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OF BUSINESS) 10/25/2005 XIND Marjorie Ann Matsil Executive Assistant 100.00 100.00 P 06 100.00 ПСОМ ПОТН Western Digital □ PTY □ scc **□IND** 10/25/2005 Medix Ambulance Service, Inc. 100.00 100.00 P 06 1,500.00 ПСОМ X)OTH □ PTY □ SCC 10/25/2005 Max P. Vahid **MIMD** Eningeer 250.00 250.00 P 06 250.00 СОМ □OTH Van Dell & Associates ☐ PTY □scc 10/25/2005 Valley Building Materials 250.00 250.00 P 06 250.00 □сом X OTH □ PTY □SCC 10/27/2005 Scott L. Anderson XIND Executive 150.00 150.00 P 06 150.00 ПСОМ □отн Zenith Specialty Bay □ PTY □scc

SUBTOTAL \$

850.00

\*Contributor Codes

IND - Individual

NAME OF FILER

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.

SCHEDULE A (CONT.)

Monetary Contributions Received	Amounts may be rounded to whole dollars.	Statement covers period	CALIFORNIA 460
		from <u>07/01/2005</u>	FORM 460
		through <u>12/31/2005</u>	Page 22 of 66
IAME OF FILER			I.D. NUMBER
Pat Bates for Supervisor	·		1265511
			- Lagrandian

					120	5511	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	To	ELECTION DATE EQUIRED)
10/27/2005	Gene Cox	⊠IND □COM □OTH □PTY □SCC	Vice President  Powerene Division of H.T.I. Tech Ind.	100.00	100.00	P 06	100.00
10/27/2005	William M. Crosby	⊠IND □COM □OTH □PTY □SCC	Attorney William M. Crosby	250.00	375.00	P 06	375.00
10/27/2005	Dalton Enterprises, Inc.	☐IND ☐COM ☑OTH ☐PTY ☐SCC		100.00	100.00	P 06	100.00
10/27/2005	Digikon USA Inc	□IND □COM ☑OTH □PTY □SCC		250.00	250.00	P 06	250.00
10/27/2005	Joanne Dimas	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Executive  Medix Ambulance	200.00	200.00	P 06	200.00
	•		SUBTOTAL \$	900.00			

\*Contributor Codes

IND -- Individual

COM - Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity) PTY – Political Party

SCC - Small Contributor Committee

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

	(00////.)
Statement covers period	CALIFORNIA 460
from 07/01/2005	FORM 40U
through12/31/2005	Page 23 of 66
	I.D. NUMBER
	1265511

Pat Bates for Supervisor

NAME OF FILER

		,				5511	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	l	R ELECTION TO DATE REQUIRED)
10/27/2005	Patricia S. Douglass	IND  COM  OTH  PTY  SCC	Vice President, Government Relations Pacific Life Insurance	150.00	150.00	P 06	150.00
10/27/2005	John V. Foley	⊠IND □COM □OTH □PTY □SCC	General Manager Moulton Niguel Water	150.00	350.00	P 06	350.00
10/27/2005	Geo Syntec Consultants	☐IND ☐COM ☑OTH ☐PTY ☐SCC	·	250.00	500.00	P 06	500.00
10/27/2005	Frank Greinke	⊠IND □COM □OTH □PTY □SCC	CEO SC Fuels	1,500.00	1,500.00	P 06	1,500.00
10/27/2005	Margaret A Greinke	□сом	Homemaker None	1,500.00	1,500.00	P 06	1,500.00
			SUBTOTAL \$	3 550 00			

\*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC -- Small Contributor Committee

Type or print in ink.

SCHEDULE A (CONT.)

Monetary Contributions Received	Amounts may be rounded to whole dollars.	Statement covers period from 07/01/2005	CALIFORNIA 460
NAME OF FILER		through <u>12/31/2005</u>	Page24_ of66
NAME OF FILER			I.D. NUMBER
Pat Bates for Supervisor			1265511

		T				3311	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF, EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		R ELECTION TO DATE REQUIRED)
10/27/2005	Inland Group Inc	☐IND ☐COM 図OTH ☐PTY ☐SCC		500.00	700.00	P 06	850.00
10/27/2005	Harrington Geotechnical Engineering Inc	□IND □COM 図OTH □PTY □SCC		250.00	250.00	P 06	250.00
10/27/2005	Marcia Milchiker	IND  COM  OTH  PTY  SCC	Board of Trustees  South O.C. Community College District	100.00	100.00	P 06	250.00
10/27/2005	RBF Consulting	□IND □COM 図OTH □PTY □SCC		250.00	500.00	P 06	1,500.00
10/27/2005	Lee Huessener	□COM □OTH	Financial Consultant  A.G. Edwards	100.00	100.00	P 06	100.00
			SUBTOTAL \$	1,200.00			

\*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.

Amounts may be rounded to whole dollars

SCHEDULE A (CONT.)

-		to whole		Statement cov			IFORNI ORM	<sup>^</sup> 460
NAME OF FILER				through <u>12/31/2</u>	005	Page	25	of <u>66</u>
Pat Bates fo	or Supervisor					I.D. NL 1265	JMBER 5511	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD  CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		CUMULATIVE TO DATE CALENDAR YEAR		R ELECTION TO DATE REQUIRED)
10/27/2005	Maguire Properties, L.P.	□IND □COM ☑OTH □PTY □SCC		1,500.00	1,50	00.00	P 06	1,500.00
10/27/2005	Melissa M. Palencia	□COM □OTH	Area Mall Manager Simon Property Group	150.00	15	0.00	P 06	150.00
10/27/2005	John Saunders	□COM □OTH	President Saunders Property Co.	-100.00	1,40	0.00	P 06	1,500.00

Engineer

Homemaker

None

Moffatt & Nichol .

□scc

[X]IND

□сом

Потн

□PTY □SCC

XIND

□сом

□отн

□ PTY □ SCC

SUBTOTAL \$

1,800.00

100.00

150.00

\*Contributor Codes

IND - Individual

10/27/2005

10/27/2005

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

Walter Quesada

Eden Saunders

PTY - Political Party

SCC - Small Contributor Committee

100.00

150.00 P06

P 06

100.00

150.00

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period	CALIFORNIA ACO
from <u>07/01/2005</u>	FORM 46U
through 12/31/2005	Page
	I.D. NUMBER

NAME OF FILER

Pat Bates for Supervisor

	ST Supervisor					126551	1	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF, EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO D CALENDAR YEA (JAN. 1 - DEC. 3	.R	3	ELECTION ODATE REQUIRED)
10/27/2005	John Saunders	IND  COM  OTH  PTY  SCC	President Saunders Property Co.	525.00	1,400	.00 P	06	1,500.00
10/27/2005	Sepulveda Building Materials	□IND □COM 図OTH □PTY □SCC		150.00	. 275	.00 P	06	625.00
10/27/2005	Tel Phil Enterprises, Inc.	□IND □COM 図OTH □PTY □SCC		250.00	375	.00 P	06	375.00
10/27/2005	Gary Thompson	☑IND □COM □OTH □PTY □SCC	Ship Repair Dept of Navy	250.00	375	.00 P	06	375.00
10/27/2005	Towill, Inc.	□IND □COM ③OTH □PTY □SCC		250.00	750	.00 P	06	750.00
			SUBTOTAL\$	1,425.00	Land Control			

\*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period	CALIFORNIA 160
from07/01/2005	FORM 460
through <u>12/31/2005</u>	Page 27 of 66
	I.D. NUMBER

Pat Bates fo	or Supervisor		·		j	65511	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		ER ELECTION TO DATE REQUIRED)
10/27/2005	Susan M. Trager	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Attorney  Law Offices of Susan M.  Trager	250.00	600.00	P 06	600.00
10/27/2005	Donna G. Varner	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Owner  Perception Public Relations	100.00	325.00	.P06	325.00
10/27/2005	Judith Ware	IND COM OTH PTY SCC	President Madison Materials	150.00	650.00	P 06	1,400.00
11/03/2005	Liz Anderson Fitzgerald	⊠IND □COM □OTH □PTY □SCC	Real Estate Broker Christies Great Estates	100.00	150.00	P 06	150.00
11/03/2005	Lisa Bartlett	⊠IND □COM □OTH □PTY □SCC	Real Estate Broker  Blue Water Realty & Investments	100.00	100.00	P 06	100.00
			SUBTOTAL\$	700.00			

\*Contributor Codes

IND - Individual

NAME OF FILER

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

from07/01/2005	FORM 460
through _12/31/2005	Page 28 of 66
	I.D. NUMBER
	1265511

Pat Bates fo	or Supervisor				I.D. N	UMBER	
					126	5511	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF, EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		R ELECTION TO DATE REQUIRED)
11/03/2005	Charter Realty & Investments	☐IND ☐COM 図OTH ☐PTY ☐SCC		250.00	250.00	P 06	250.00
11/03/2005	Marcia S. Gaboury	⊠IND □COM □OTH □PTY □SCC	Homemaker None	200.00	350.00	P 06	350.00
11/03/2005	Gus G. Gialamas	☑IND □COM □OTH □PTY □SCC	Orthopedic Surgeon Seaview Orthopedics	150.00	150.00	P 06	150.00
11/03/2005	Kelene L. Johnson	□COM □OTH	Planning Commission City of San Clemente	125.00	235.00	P 06	235.00
11/03/2005	James E. Lendino	□COM	Sales Yellow Page Media, Inc.	100.00	150.00	P 06	150.00
			SUBTOTAL \$				

\*Contributor Codes

IND - Individual

NAME OF FILER

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.

ns Received	Amounts may be rounded		SCHEDULE A (CONT.)			
	to whole dollars.	Statement covers period	CALIFORNIA ACO			
	·	from <u>07/01/2005</u>	FORM 460			
		through _12/31/2005	Page29 of66			
	•		I.D. NUMBER			
			1265511			

						1265511			
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO EN IER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	1 -	RELECTION FO DATE REQUIRED)		
11/03/2005	Thomas Lund	☐ COM	Dentist	100.00	300.00	P 06	600.00		
· · · · · · · · · · · · · · · · · · ·		OTH PTY SCC	Thomas Lund, DDS						
11/03/2005	Robert Donald McIntyre	☑IND □COM □OTH	Attorney	200.00	500.00	P 06	500.00		
22/02/02		□PTY □SCC	Law Offices of R. Donald McIntyre						
11/03/2005	Robert J. Miller	⊠IND □COM □OTH	Retired	100.00	350.00	P 06	350.00		
		□PTY □SCC	None .						
11/03/2005	A. Patrick Munoz	□сом	Attorney	250.00	250.00	P 06	250.00		
		□OTH □PTY □SCC	Rutan & Tucker						
11/03/2005	Norman P. Murray	⊠IND □COM	Retired	100.00	200.00	P 06	200.00		
		□OTH □PTY □SCC	None						
			SUBTOTAL \$		Carrier and the second	A SECURITION			

\*Contributor Codes

IND -- Individual

NAME OF FILER

Pat Bates for Supervisor

COM - Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity) PTY – Political Party

SCC - Small Contributor Committee

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

	OCHEDOLE A (CONT.					
Statement covers period	CALIFORNIA AGO					
from 07/01/2005	FORM 460					
through 12/31/2005	Page 30 of 66					
	I.D. NUMBER					

NAME OF FILER

Pat Bates for Supervisor

1265511 FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR DATE IF AN INDIVIDUAL, ENTER AMOUNT **CUMULATIVE TO DATE** CONTRIBUTOR PER ELECTION (IF COMMITTEE, ALSO ENTER I.D. NUMBER) OCCUPATION AND EMPLOYER RECEIVED RECEIVED THIS CALENDAR YEAR CODE \* TODATE (IF SELF-EMPLOYED, ENTER NAME PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OF BUSINESS) 11/03/2005 George J. Pagano XIND Real Estate Broker 100.00 475.00 P 06 975.00 and was a □сом □отн Prudential CA Realty PTY □ SCC 11/03/2005 Robert Frank Pence XIND Executive 1,000.00 1,000.00 P 06 ПСОМ 1,000.00 ПОТН Pence-Friedel □ PTY Developers, Inc. ☐SCC 11/03/2005 Ronald Perrella **XIND** Marketing Consultant 100.00 300.00 P 06 300.00 ПСОМ Потн Ron Perrella DRS □ PTY □scc 11/03/2005 Recupero & Associates, Inc. 100.00 100.00 P 06 100.00 □сом **MTOIX** □ PTY □scc 11/03/2005 Jose Vergara XIND Civil Engineer 100.00 100.00 100.00 ПСОМ Потн MWD □ PTY □scc SUBTOTAL \$

\*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

1,400.00

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period	CALIFORNIA ACO
from07/01/2005	FORM 460
 through 12/31/2005	Page31_ of66
-	I.D. NUMBER
	1265511

						1265511		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO D CALENDAR YEA (JAN. 1 - DEC. 3	R	•	ELECTION TO DATE REQUIRED)
11/03/2005	Sue E. Waltman	IND □COM	Retired	100.00	200	.00	P 06	200.00
:		□OTH □PTY □SCC	None ·					
11/10/2005	Laurie W Casey	☑IND □COM	Retired	100.00	100	.00	P 06	100.00
		□OTH □PTY □SCC	None					
11/10/2005	Deborah Hoskinson, CPA PS	□IND □COM ☑OTH □PTY		200.00	200.	00	P 06	200.00
11/10/2005	GPM Management Services Corp	SCC						
•		□IND □COM ☑OTH □PTY □SCC		100.00	350.	00 1	P 06	600.00
11/10/2005	James Graham	□сом	Auto Dealer	200.00	200.	00 [	9 06	200.00
		□OTH □PTY □SCC	Santa Margarita Ford					
	SUBTOTAL\$ 700.00							

\*Contributor Codes

IND - Individual

NAME OF FILER

Pat Bates for Supervisor

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity) PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.

Amounts may be rounded to whole dollars.

SCH	IEDU	LE A	(CONT.)

Statement covers period	CALIFORNIA 460
from <u>07/01/2005</u>	FORM 460
through <u>12/31/2005</u>	Page 32 of 66
	I.D. NUMBER

Pat Bates for Supervisor 1265511 FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR DATE IF AN INDIVIDUAL, ENTER **AMOUNT CUMULATIVE TO DATE** CONTRIBUTOR PER ELECTION (IF COMMITTEE, ALSO ENTER I.D. NUMBER) OCCUPATION AND EMPLOYER RECEIVED RECEIVED THIS CALENDAR YEAR CODE \* TO DATE (IF SELF-EMPLOYED, ENTER NAME PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OF BUSINESS) 11/10/2005 Carla Marvin MIM Civil Engineer 200.00 200.00 P 06 Псом 200.00 □OTH LaBelle Marvin Inc □ PTY □scc 11/10/2005 Forrest F. Owen XIND Retired 200.00 1,025.00 P 06 СОМ 1,025.00 **⊟ОТН** None □ PTY □scc 11/10/2005 Janice Saenz XIND Developer 200.00 200.00 P 06 250.00 СОМ □отн Carlos Saenz Co PTY SCC 11/10/2005 South County Bank 500.00 500.00 P 06 ПСОМ 500.00 **X**OTH PTY □scc 11/13/2005 James Welsh XIND Civil Engineer 200.00 200.00 P 06 200.00 ПСОМ Потн James Welsh □ PTY □scc

SUBTOTAL \$

1,300.00

\*Contributor Codes

IND - Individual

NAME OF FILER

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

	The state of the s						
	Statement covers period	CALIFORNIA 460					
f	rom <u>07/01/2005</u>	FORM 460					
,	through <u>12/31/2005</u>	Page 33 of 66					
		I.D. NUMBER					
		1265511					

NAME OF FILER

Pat Bates for Supervisor

| DATE | RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE \* | CODE

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/14/2005	Infiniti of Mission Viejo	□IND □COM ☑OTH □PTY □SCC	·	500.00	500.00	P 06 500.
11/15/2005	American Security Bank	□IND □COM 図OTH □PTY □SCC		100.00	100.00	P 06 100.
11/15/2005	Jack J. Anderson	IND COM OTH PTY SCC	Public Safety Officer  County of Orange	100.00	100.00	P06 100.
11/15/2005	Edward V. Bannigan	□COM □OTH	Real Estate Agent Bannigan Real Estate	200.00	200.00	P 06 200.
11/15/2005	Wendy Bucknum	□COM	Legislative Analyst Laguna Wood Village	100.00	135.00	P 06 135.
		7.5				

\*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.

Amounts may be rounded
to whole dollars

SCHEDULE A (CONT.)

monotary Contributions MedelAed		to whole d		Statement cov	CALIFORNIA ACO			<u>′</u>	
			oners.	from07/01/2			ORNIA RM	460	İ
IAME OF FILER				through12/31/2	005	Page	34 of	66	Ī
Pat Bates fo	r Supervisor					I.D. NUM	BER		1
		·				12655	11		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER	AMOUNT	CUMULATIVE TO	VETO DATE PER ELE		ECTION	Ī

		ī —			12	65511	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DAT CALENDAR YEAR (JAN. 1 - DEC. 31)		ER ELECTION TO DATE F REQUIRED)
11/15/2005	Environ Strategy Consultants, Inc.	☐IND ☐COM 図OTH ☐PTY ☐SCC		500.00	500.0	0 P 06	500.00
11/15/2005	Kira W. Erquiaga	⊠IND □COM □OTH □PTY □SCC	Sales Clopay Garage Doors, Inc.	200.00	200.0	D P 06	200.00
11/15/2005	Hatton, Petrie & Stackler APC	□IND □COM 図OTH □PTY □SCC	ε .	1,500.00	1,500.00	) P06	1,500.00
11/15/2005	Albert Iten	□COM □OTH	Retired None	200.00	435.00	P 06	635.00
11/15/2005	Nguyet K. Silke	□COM □OTH	Executive Nguyet Silke	200.00	200.00	P 06	200.00
			SUBTOTAL \$	2,600.00			

\*Contributor Codes

IND -- Individual

COM – Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period	CALIFORNIA 460				
from <u>07/01/2005</u>	FORM 400				
through 12/31/2005	Page 35 of 66				
-	I.D. NUMBER				
	1265511				

NAME OF FILER

Pat Bates for Supervisor

					126	5511	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	1	ELECTION O DATE REQUIRED)
11/15/2005	William G. Steiner	⊠IND □COM □OTH □PTY □SCC	Partner  Hebrock Steiner McLaughlin Inc.	100.00	225.00	P 06	225.00
11/15/2005	C. Michael Stockstill	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Consultant Stockstill Communications	100.00	250.00	P 06	250.00
11/15/2005	The Starnes Company	□IND □COM ☑OTH □PTY □SCC		200.00	200.00	P 06	200.00
11/15/2005	Robert R. Varo Jr.	⊠IND □COM □OTH □PTY □SCC	Account Executive	100.00	100.00	P 06	100.00
11/15/2005	William R. Mitchell, Inc.	□IND □COM ဩOTH □PTY □SCC		500.00	500.00	P 06	500.00
			SUBTOTAL \$	1,000.00			

\*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)
OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

from <u>07/01/2005</u>	CALIFORNIA 460
through <u>12/31/2005</u>	Page 36 of 66
	I.D. NUMBER
	1265511

					1265511		
FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)		
Charles E. Andersen III	IND □COM □OTH	Finance Management	50.00	100.00	P 06	100.00	
	□PTY □scc	Foamex Int.					
David H. Brickner	⊠IND □COM □OTH	Retired None	1,500.00	1,500.00	P 06	1,500.00	
Joseph Brown	scc	None					
No Seph Brown	⊠IND □COM □OTH	CEO Midland Management Corp	100.00	100.00	P 06	1,500.00	
Datalogic Consulting, Inc.	□scc						
vacalogic consulting, Inc.	☐IND ☐COM 図OTH ☐PTY ☐SCC		1,500.00	1,500.00	P 06	1,500.00	
onald E. Moe, Inc.	□IND		50.00	250.00	P 06	250.00	
	⊠OTH □PTY □SCC						
		□COM ☑OTH □PTY	□COM ☑OTH □PTY □SCC	□COM □OTH □PTY	□COM □TOTH □ PTY □ SCC  SUBTOTAL \$	□COM □OTH □PTY □SCC SUBTOTALS	

\*Contributor Codes

IND - Individual

NAME OF FILER

Pat Bates for Supervisor

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity) PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

	OUNTEDOLL A (CONT.)
Statement covers period	CALIFORNIA 460
from07/01/2005	FORM 400
through _12/31/2005	Page 37 of 66
	I.D. NUMBER
	1265511

Pat Bates for Supervisor

NAME OF FILER

				<del></del>	126	5511	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMUI ATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		R ELECTION TO DATE REQUIRED)
12/07/2005	Farino Construction Services	☐IND ☐COM ☑OTH ☐PTY ☐SCC		100.00	350.00	P 06	350.00
12/07/2005	Federal Disposal Service	☐IND ☐COM ☑OTH ☐PTY ☐SCC		1,500.00	1,500.00	P 06	1,500.00
12/07/2005	Gabriel Ferrucci *Refund made on 3/7/2006	⊠IND □COM □OTH □PTY □SCC	Owner Ferrucci Properties LLC	1,500.00	3,000.00	P 06	3,000.00
12/07/2005	James F. McConnell Attorney at Law	□IND □COM 図OTH □PTY □SCC		500.00	750.00	P 06	750.00
12/07/2005	Donna K. Kalez	☑IND □COM □OTH □PTY □SCC	Proprietor  Dana Wharf Sport Fishing	250.00	500.00	P 06	500.00
			SUBTOTAL \$	3,850.00			

\*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity) PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period	CALIFORNIA 4 CO
from <u>07/01/2005</u>	FORM 460
through _12/31/2005	Page 38 of 66
	I.D. NUMBER

NAME OF FILER

Pat Bates for Supervisor

1265511 FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR IF AN INDIVIDUAL, ENTER AMOUNT DATE **CUMULATIVE TO DATE** CONTRIBUTOR PER ELECTION (IF COMMITTEE, ALSO ENTER I.D. NUMBER) OCCUPATION AND EMPLOYER RECEIVED THIS RECEIVED CALENDAR YEAR CODE \* TO DATE (IF SELF-EMPLOYED, ENTER NAME PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OF BUSINESS) 12/07/2005 **KEC** Engineering 500.00 500.00 P 06 500.00 СОМ X OTH **□**PTY □scc 12/07/2005 IND Loveton Pharmacy, Inc. 100.00 225.00 P 06 425.00 □сом X OTH □ PTY SCC 12/07/2005 Master Plan Developments, Inc. □IND 1,500.00 1,500.00 P 06 1,500.00 □сом X OTH PTY SCC 12/07/2005 Michael McGraw X IND CEO 1,500.00 1,500.00 P 06 1,500.00 □сом ПОТН The McGraw Group **□PTY** SCC 12/07/2005 Philip G. Steinhauer XIND Marketing Consultant 100.00 100.00 P 06 100.00 □СОМ Потн Phil Steinhauer PTY □ scc SUBTOTAL \$ 3,700.00

\*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period	CALIFORNIA AGO
from07/01/2005	FORM 46U
through _12/31/2005	Page 39 of 66
	I.D. NUMBER

Pat Bates for Supervisor 1265511 FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR DATE IF AN INDIVIDUAL, ENTER **AMOUNT** CONTRIBUTOR CUMULATIVE TO DATE PER ELECTION (IF COMMITTEE, ALSO ENTER I.D. NUMBER) RECEIVED **OCCUPATION AND EMPLOYER** RECEIVED THIS CODE \* CALENDAR YEAR TO DATE (IF SELF-EMPLOYED, ENTER NAME PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OF BUSINESS) 12/07/2005 William J. Stevens XIND Retired 200.00 300.00 P 06 □сом 300.00 ПОТН None □ PTY □scc 12/07/2005 Robert C. Theel [X]IND Executive 250.00 400.00 P 06 СОМ 400.00 □отн Metro RCT, Inc. □ PTY □ scc 12/07/2005 Susan M. Trager XIND Attorney 100.00 600.00 P 06 СОМ 600.00 □OTH Law Offices of Susan M. □ PTY Trager □ SCC 12/07/2005 Waste Management West/Waste Management Inc. 250.00 250.00 P 06 □сом 1,250.00 **X**OTH □ PTY □scc 12/07/2005 Dorothy O. Wedel XIND Retired 50.00 210.00 P 06 Псом 210.00 □отн None □ PTY □scc

SUBTOTAL \$

850.00

\*Contributor Codes

IND - Individual

NAME OF FILER

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  from 07/01/2005	CALIFORNIA 460
through 12/31/2005	Page 40 of 66
	I.D. NUMBER
	1265511

<del></del>	or supervisor					1265	511	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	AR		R ELECTION TO DATE REQUIRED)
12/20/2005	Gwen G Brown	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Homemaker None	1,050.00	1,50	0.00	P 06	1,500.00
12/22/2005	Kevin Franklin	⊠IND □COM □OTH	President Orange Coast Building Services	1,500.00	1,50	0.00	P 06	1,500.00
12/22/2005	Laguna Lending Group, Inc.	☐IND ☐COM ☑OTH ☐PTY ☐SCC		1,500.00	1,50	0.00	P 06	1,500.00
12/22/2005	Susan Larson	IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	President Seabreeze Management	500.00	50	0.00	P 06	500.00
12/22/2005	Steve Roy	⊠IND □COM □OTH □PTY □SCC	Vice President  Golf Course Solutions Inc.	1,000.00	1,000	0.00	P 06	1,000.00
			SUBTOTAL \$	5,550.00	44.45			

\*Contributor Codes

IND - Individual

NAME OF FILER

Pat Bates for Supervisor

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.

Amounts may be rounded
to whole dollars

SCHEDULE A (CONT.)

eivea	Amounts may be rounded		(OOM)		
	to whole dollars.	Statement covers period	CALIFORNIA 4 CO		
	•	from07/01/2005	FORM 460		
		through <u>12/31/2005</u>	Page41 of66		
			I.D. NUMBER		
			1265511		

					12	65511	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		ER ELECTION TO DATE F REQUIRED)
12/22/2005	Robert B. Wolford	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Managing Director Hollencrest Capital	100.00	100.0	P 06	100.00
12/29/2005	KHovnanian Homes South Coast Area	☐IND ☐COM ☑OTH ☐PTY ☐SCC		1,500.00	1,500.00	P 06	1,500.00
12/29/2005	Timothy Psomas	⊠IND □COM □OTH □PTY □SCC	President Psomas Co	250.00	250.00	P 06	250.00
12/29/2005	Michael L. Trumble	□сом □отн	President  Kennedy Pipeline Company	250.00	250.00	P 06	250.00
12/30/2005	Bomel Construction Company, Inc.	☐IND ☐COM 図OTH ☐PTY ☐SCC		500.00	500.00	P 06	500.00
			SUBTOTAL \$	2,600,00		I	

\*Contributor Codes

IND - Individual

NAME OF FILER

Pat Bates for Supervisor

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.

SCHEDULE A (CONT.)

monetary contributions Received	Amounts may be rounded		SCHEDULE A (CONT.)		
	to whole dollars.	Statement covers period	CALIFORNIA ACO		
		from <u>07/01/2005</u>	FORM 460		
NAME OF FILER		through <u>12/31/2005</u>	Page 42 of 66		
Pat Bates for Supervisor			I.D. NUMBER		
			1265511		

		ı			126	55511	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF, EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		ER ELECTION TO DATE REQUIRED)
12/30/2005	California Pacifc Homes, Inc.	☐IND ☐COM 図OTH ☐PTY ☐SCC		1,000.00	1,000.00	P 06	1,000.00
12/30/2005	Randall L. Erickson	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Attorney Crowell & Moring LLP	100.00	100.00	P 06	100.00
12/30/2005	Hillcrest Contracting, Inc.	☐IND ☐COM 図OTH ☐PTY ☐SCC		100.00	100.00	P 06	100.00
12/30/2005	Penco Engineering, Inc.	□IND □COM 図OTH □PTY □SCC		200.00	200.00	P 06	200.00
12/30/2005	Pirzadeh & Associates, Inc.	□IND □COM 図OTH □PTY □SCC		100.00	100.00	P 06	100.00
			SUBTOTAL\$	1,500.00			

\*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity) PTY – Political Party

SCC - Small Contributor Committee

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period  from07/01/2005	CALIFORNIA 460
through _12/31/2005	Page 43 of 66
	I.D. NUMBER
	100000

1265511 FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR IF AN INDIVIDUAL, ENTER DATE **AMOUNT** CONTRIBUTOR **CUMULATIVE TO DATE** PER ELECTION (IF COMMITTEE, ALSO ENTER I.D. NUMBER) OCCUPATION AND EMPLOYER RECEIVED RECEIVED THIS CODE \* CALENDAR YEAR TO DATE (IF SELF-EMPLOYED, ENTER NAME PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OF BUSINESS) 12/30/2005 Shea Homes 100.00 100.00 P 06 □сом 1,500.00 X OTH PTY □scc 12/30/2005 David A. Walters XIND President 150.00 150.00 P06 □сом 150.00 □отн Monarch Bay Capital **□PTY** □ SCC 12/30/2005 Marian Walters XIND Council Member 1,350.00 1,350.00 P 06 СОМ 1,500.00 □отн City of Laguna Niguel **□** PTY SCC 12/31/2005 BNE Partnership 1,500.00 1,500.00 P 06 1,500.00 □СОМ XOTH □ PTY □ scc 12/31/2005 John Gates XIND Investor 250.00 250.00 P 06 Псом 250.00 Потн John Gates □ PTY □scc SUBTOTAL \$

\*Contributor Codes

IND - Individual

NAME OF FILER

Pat Bates for Supervisor

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

3,350.00

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 07/01/2005	CALIFORNIA 460
through <u>12/31/2005</u>	Page44 of66
	I.D. NUMBER
	1265511

Pat Bates for Supervisor FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR IF AN INDIVIDUAL, ENTER AMOUNT CUMULATIVE TO DATE DATE PER ELECTION CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) OCCUPATION AND EMPLOYER RECEIVED THIS RECEIVED CALENDAR YEAR CODE \* TO DATE (IF SELF-EMPLOYED, ENTER NAME PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OF BUSINESS) 12/31/2005 Rodney V. Harmsworth XIND. Principal 200.00 200.00 P 06 200.00 СОМ □ОТН Harmsworth Associates □ PTY □scc 12/31/2005 □IND K & K Developers 1,500.00 1,500.00 P06 1,500.00 □сом **X**OTH □ PTY □scc 12/31/2005 Saddleback Enterprises 100.00 100.00 P 06 100.00 ПСОМ X OTH □ PTY SCC 12/31/2005 Vander Dussen & Haringsma □IND 500.00 500.00 P 06 500.00 ПСОМ **X**OTH PTY □scc 12/31/2005 Sue E. Waltman XIND Retired 100.00 200.00 P 06 200.00 □сом **⊟**ОТН None □ PTY □scc SUBTOTAL \$ 2,400.00

\*Contributor Codes

IND - Individual

NAME OF FILER

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Schedule B – Part 1		Type or print in	ink,	_			SCH	EDULE B - PART
Loans Received	Ame	Statement cov	ent covers period					
		to whole dolla	15.		from07/03	1/2005	FORM	<b>460</b>
SEE INSTRUCTIONS ON REVERSE					through12/31	1/2005	4.5	
NAME OF FILER					through	./2003	Page 45	of <u>66</u>
Pat Bates for Supervisor							I.D. NUMBER 1265511	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	I OK FORGIVE	N CLOSE OF THIS	(e) INTEREST PAID THIS	(f) ORIGINAL AMOUNT OF	(g) CUMULATIVE CONTRIBUTION
Patricia Bates		PERIOD	121,00	THIS PERIOD	PERIOD	PERIOD	LOAN	TO DATE
				PAID 0.00	1,000.00	0.00% %	1,000.00	CALENDAR YEAR
				FORGIVEN		RATE	·	PER ELECTION*
TEN IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	05/01/2004 DATE INCURRED	P06 1,000.0
				☐ PAID			- SATE MODIFICED	+
				-		•		CALENDAR YEAR
				FORGIVEN	.   \$	RATE	\$	\$
				- ONCOVER		ļ		PERELECTION *
†□ IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$		s
					DATEDUE		DATE INCURRED	<u> </u>
			·	PAID				CALENDAR YEAR
				\$	\$	%	\$	s
				FORGIVEN		RATE		PER ELECTION*
TO IND COM OTH PTY SCC		\$	\$	ş	-	\$	!	
					DATE DUE		DATE INCURRED	
		SUBTOTALS \$	0.00	0.00	1,000.00	0.00	10.14	
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
<ol> <li>Loans received this period</li></ol>	of less than \$100.)			\$	0.00	_		
						1	ontributor Codes	3
<ol> <li>Loans paid or forgiven this period</li></ol>	paid or forgiven.)	••••••	•••••••••••••••••••••••••••••••••••••••	\$	0.00		D – Individual DM – Recipient Cor	mmittee

\*Amounts forgiven or paid by another party also must be reported on Schedule A. \*\* If required.

Enter the net here and on the Summary Page, Column A, Line 2.

(Include loans paid by a third party that are also itemized on Schedule A.)

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

PTY - Political Party

(other than PTY or SCC) OTH - Other (e.g., business entity)

SCC - Small Contributor Committee

Schedule E Payments Made	Type or print in ink. Amounts may be rounded to whole dollars.			Statement covers peri	CALI	SCHEDU ALIFORNIA FORM	
SEE INSTRUCTIONS ON REVERSE				through	Page	46 of 66	
NAME OF FILER Pat Bates for Supervisor						UMBER	
CODES: If one of the following codes accurately described campaign paraphernalia/misc.  CNS campaign consultants contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings	MBR member com MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and s POS postage, del	nmunication d appearant nses dating s survey resolutery and	ns nces	RAD radio airtime and product returned contributions SAL campaign workers' sale TEL t.v. or cable airtime and TRC candidate travel, lodging TRS staff/spouse travel, lodging TSF transfer between communication were information technology	uction costs laries d production cos g, and meals ging, and meals nittees of the sa	s ame candidate/spons	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION OF PAYMENT		AMOUNT PAID	
Sergio Prince		CNS				5,000.00	
Betty Presley & Associates, Inc.		PRO	·			200.00	
Betty Presley & Associates, Inc.		PRO				625.00	
* Payments that are contributions or independent expenditures r	must also be summa	arized on	Schedule D.		SURTOTAL		

1. Itemized payments made this period. (Include all Schedule E subtotals.)

2. Unitemized payments made this period of under \$100

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)

4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)

5. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)

73, 966. 95

73, 966. 95

73, 966. 95

74, 127. 46

Schedule E Summary

#### Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded

SCHEDULE E (CONT.)

ayments Made to whole dollars.					07/01/2005	CALIFO	FORNIA 460	
				from	07/01/2005			
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				through	12/31/2005	Page	47 of 66	
				- <del></del>		I.D. NUME		
Pat Bates for Supervisor	٠					126551		
CODES: If one of the following codes accurately des	cribes the navment		-4 4 · · · ·	- · · · · ·		1 12033		
CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees fundraising events ND independent expenditure supporting/opposing others (explain) LEG legal defense LIT campaign literature and mailings	MISK member com MTG meetings an OFC office expen PET petition circu PHO phone banks POL polling and s POS postage, del	imunications d appearance ises lating s survey resear ivery and me	<b>98</b> - - -	RAD ra RFD re SAL ca TEL t. TRC ca TRS st TSF tra VOT vo	escribe the payment dio airtime and production sturned contributions ampaign workers' salaries or or cable airtime and proandidate travel, lodging, an aff/spouse travel, lodging ansfer between committee oter registration formation technology cost	n costs  duction costs  d meals , and meals es of the sar	ne candidate/sponso	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE .	OR	DESCRIPTION	F PAYMENT		AMOUNT PAID	
Betty Presley & Associates, Inc.								
		220	·					
		PRO					750.00	
Betty Presley & Associates, Inc.			<u> </u>		·			
a habbotaces, the.								
		PRO					2,100.00	
			bar.					
Gilliard Blanning Wysocki & Associates								
injudent a hasociates								
		CNS					5,000.00	
Phyllis Schneider		······································		· · · · · · · · · · · · · · · · · · ·				
		LIT				1	48.49	
The Monaco Group		-						
•		FND		•			<b>5 .</b>	
			I				559.88	
· · · · · · · · · · · · · · · · · · ·						ļ		
Payments that are contributions or independent expenditures mus	t also be summarized on S	chedule D		V		DTOTAL		
					SU	BTOTAL \$	8,458.37	

Type or print in ink.

SCHEDULE E (CONT.)

(Continuation Sheet) Payments Made  SEE INSTRUCTIONS ON REVERSE	to whole dollars.		Statement covers period	ORNIA 460		
NAME OF FILER Pat Bates for Supervisor				- I	I.D. NUMB	ER
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MBR member com MTG meetings an OFC office expen PET petition circu PHO phone banks POL polling and s POS postage, deli	munications d appearance ses lating survey resear	es	erwise, describe the paymer  RAD radio airtime and production RFD returned contributions SAL campaign workers' salarie TEL t.v. or cable airtime and pour candidate travel, lodging, a staff/spouse travel, lodging transfer between committed voter registration information technology co	on costs  es roduction costs and meals g, and meals ees of the sar	s ne candidate/sponso
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DES	SCRIPTION OF PAYMENT		AMOUNT PAID
Sergio Prince		CNS				5,000.00
Aliso Niguel Wolverines Football Club		PRT				1,200.00
Betty Presley & Associates, Inc.		PRO				750.00
Federal Express						
		POS		i.		54.61
Paule Consulting, Inc.		FND				302.97
Payments that are contributions or Independent expenditures must also	he summarized on S	Sahadula D				
	Jud Juli marized on 3	ochequie D.		<u>S</u>	UBTOTAL \$	7,307.58

## Schedule E

SCH	EDL	JLE	Εć	CON	VT I

Continuation Sheet)  Payments Made  Type or print in link. Amounts may be rounded to whole dollars.			S from	tatement covers period 07/01/2005		CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				throu	ugh 12/31/2005	Page	49 of 66
Pat Bates for Supervisor		·				I.D. NUMB 126551	
CODES: If one of the following codes accurately des CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees fundraising events IND independent expenditure supporting/opposing others (explain) LEG legal defense LIT campaign literature and mailings	MBR member.com MTG meetings an OFC office expen PET petition circu PHO phone banks POL polling and s POS postage, del	munications d appearance ses lating survey resear	es	Otherwise, RAD RFD SAL TEL TRC TRS TSF VOT WEB		n costs s oduction costs nd meals , and meals es of the sam	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTIO	N OF PAYMENT		AMOUNT PAID
Paule Consulting, Inc.		CNS					539.28
Paule Consulting, Inc.		CNS					4,781.10
Christopher J. Price		CNS					100.00
Phyllis Schneider		CNS					1,000.00
Sergio Prince		CNS					5,000.00
Payments that are contributions or independent expenditures mus	st also be summarized on S	Schedule D.			SU	BTOTAL \$	11,420.38
					•	- · • · · · · · •	11,420.38

## Schedule E

Type or print in ink.

SCH	EDULE	E (C	ONT

Payments Made  SEE INSTRUCTIONS ON REVERSE NAME OF FILER	Amounts may be rounded to whole dollars.			fron	20/02/02	CALIFO FOR		460
Pat Bates for Supervisor				<u> </u>		I.D. NUMB	ER	
CODES: If one of the following codes accurately describe campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense campaign literature and mailings	MISK member con MTG meetings ar OFC office expel PET petition circu PHO phone bank: POL polling and POS postage, de	nmunications of appearant uses ulating s survey rese livery and m	s ces	herwise RAD RFD SAL TEL TRC TRS TSF VOT WEB	radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and producandidate travel, lodging, and staff/spouse travel, lodging, transfer between committees voter registration	luction costs d meals and meals s of the san	s ne candida	ate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR D	ESCRIPTIO	ON OF PAYMENT		AMOUN	NT PAID
We Do Graphics, Inc.		LIT					1	1,653.96
Betty Presley & Associates, Inc.	·	PRO						750.00
Jeanette Krembas		FND						250.00
Sergio Prince		FND					2	,222.44
Gilliard Blanning Wysocki & Associates		LIT					3,	,928.88
Payments that are contributions or independent expenditures must also	be summarized on S	Schedule D.			SUB	TOTAL \$	8,	,805.28

Schedule E
(Continuation Sheet)
Payments Made '

SCHEDULE F (CONT.)

(Continuation Sheet) Payments Made	type or print in ink.  Amounts may be rounded  to whole dollars.			from	tatement covers peri	CALIFO	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				thro	ugh 12/31/2005	Page	51 of 66
Pat Bates for Supervisor					•	126551	
CODES: If one of the following codes accurately describ CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events Independent expenditure supporting/opposing others (explain)* LEG legal defense campaign literature and mailings	MBR member com MTG meetings and OFC office expen PET petition circul PHO phone banks POL polling and s POS postage, deli	munications d appearance ses lating survey resear ivery and me	s		radio airtime and pr returned contributio campaign workers' t.v. or cable airtime candidate travel, lod staff/spouse travel, transfer between co voter registration	yment. oduction costs ns salaries and production costs Iging, and meals lodging, and meals ommittees of the san	s ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE .	OR	DESCRIPTIO	N OF PAYMENT		AMOUNT PAID
Paule Consulting, Inc.		FND					926.70
Marilyn Cavanaugh		FND					750.00
Sergio Prince		CNS					5,000.00
Betty Presley & Associates, Inc.		PRO					750.00
The Monaco Group		LIT		P			2,290.09
Payments that are contributions or independent expenditures must als	so be summarized on S	ichedule D.				SUBTOTAL \$	9,716.79
				·		30D.O.AL #	9,716.79

# Schedule E

(Continuation Sheet) Payments Made  SEE INSTRUCTIONS ON REVERSE NAME OF FILER Pat Bates for Supervisor	Amounts may be rounded to whole dollars.			from_ throu	07/ gh12/:	CALIFO FOR Page	740U 40U 66 66	
CODES: If one of the following codes accurately described campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  fundraising events independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings	MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and s POS postage, del	d appearance ses lating survey resease ivery and me	<del>9</del> S	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtimereturned co campaign v t.v. or cable candidate tr staff/spouse transfer bet voter regist	e and productior intributions vorkers' salaries airtime and pro avel, lodging, ar travel, lodging, ween committee	n costs duction costs d meals and meals es of the san	s ne candidate/sponsor
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION	OF PAYMEN	Т		AMOUNT PAID
CompleteCampaigns.com		OFC						41.25
Phyllis Schneider		FND				· · · · · · · · · · · · · · · · · · ·		243.27
Frank Fakinos	·	FND						300.00
Dolce Vita Ristorante		FND						377.25
Sergio Prince		CNS						5,000.00
Payments that are contributions or independent expenditures must	also be summarized on S	chedule D.				6117	TOTAL 6	
						308	STOTAL \$	5,961.77

## Schedule E

Type or print in ink.

(Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.		from	atement covers perio	CALIFO	FORNIA 460	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Pat Bates for Supervisor				throu			53 of 66
CODES: If one of the following codes accurately desc  CMP campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  civic donations  FIL candidate filing/ballot fees  fundraising events independent expenditure supporting/opposing others (explain)*  legal defense  campaign literature and mailings	MBR member com MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and s POS postage, del	nmunication d appearan nses llating s survey rese ivery and n	s ices	RAD RFD SAL TEL TRC TRS TSF VOT	describe the pay radio airtime and pro returned contribution campaign workers' s t.v. or cable airtime a candidate travel, lodg staff/spouse travel, ic transfer between con voter registration information technolog	duction costs as salaries and production cost ging, and meals odging, and meals amittees of the sar	s ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION	OF PAYMENT		AMOUNT PAID
CompleteCampaigns.com		OFC					15.00
Betty Presley & Associates, Inc.		PRO					750.00
Marilyn Cavanaugh		FND					1,080.00
Federal Express		POS					16.96
Esteban Cerutti		FND					300.00
Payments that are contributions or independent expenditures must	also be summarized on S	chedule D.				SUBTOTAL \$	2,161.96

Schedule E
(Continuation Sheet)
Payments Made

SCHEDULE E	(CONT.
------------	--------

(Continuation Sheet)  Type or print in ink.  Amounts may be rounded		Sta	atement covers period		SCHEDULE E (CONT.		
Payments Made	to whole dollars.			from	07/01/2005	CALIFOR FORM	
				110111			
SEE INSTRUCTIONS ON REVERSE NAME OF FILER			-	throug	gh <u>12/31/2005</u>	Page	54 of 66
Pat Bates for Supervisor	,					I.D. NUMBE	R
						1265511	Ĺ
CODES: If one of the following codes accurately describe  CMP campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  civic donations  FIL candidate filing/ballot fees  fundraising events  independent expenditure supporting/opposing others (explain)*  legal defense  LT campaign literature and mailings	MBR member com MTG meetings and OFC office expen PET petition circui PHO phone banks POL polling and s POS postage, deli	munications I appearance ses ating urvey resear very and me	es	RAD RFD SAL TEL TRC TRS TSF VOT	describe the paymen radio airtime and production returned contributions campaign workers' salaried two or cable airtime and procandidate travel, lodging, a staff/spouse travel, lodging transfer between committed voter registration information technology costinuous and production information information technology costinuous and production returned in the production returned information inform	on costs os oduction costs and meals g, and meals ees of the same	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION		is (internet, e-r	AMOUNT PAID
Perception Public Relations							
		OFC					100.00
Phyllis Schneider							
		FND					39.00
						ľ	
CompleteCampaigns.com		-					
		OFC	İ				Br. 00
							75.00
Betty Presley & Associates, Inc.							
Trooping & Associaces, Inc.	·						
		PRO					750.00
Sergio Prince							
		CNS					5,000.00
		·			_		•
Payments that are contributions or Independent expenditures must also	be summarized on S	chedule D.	-		SI	JBTOTAL \$	5,964.00
						▼	~, >07.00

Schedule E (Continuation Sheet) Payments Made  SEE INSTRUCTIONS ON REVERSE NAME OF FILER	Type or prin Amounts may t to whole d	e rounded		Stater from through _	07/01/2005 12/31/2005		SCHEDULE E (CON ORNIA 460 RM 66
Pat Bates for Supervisor		•				I.D. NUM	
CODES: If one of the following codes accurately described CMP campaign paraphernalia/misc. CNS campaign consultants contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MTG meetings an OFC office exper PET petition circu phone banks POL polling and spostage, del	imunications id appearance ises ilating s survey resea ivery and ma	ės	RAD rad RFD retu SAL can TEL t.v. TRC can TRS staf TSF tran VOT vote	scribe the paymen io airtime and production in a contributions in a contributions in a contribution in	on costs s oduction cos and meals s, and meals ses of the sa	ts me candidate/sponso
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION OF	PAYMENT		AMOUNT PAID
Paule Consulting, Inc.  Paule Consulting, Inc.		FND					799.37
		CNS					589.48
Paule Consulting, Inc.		CNS					918.75
Super Dave's Printing		FND					190.72
Gilliard Blanning Wysocki & Associates		CNS					5,000.00

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

## Schedule E (Continuation Sheet)

Type or print in ink.

SCHEDULE E (CONT.)

Payments Made	Amounts may be rounded to whole dollars.			Statement covers period from 07/01/2005		CALIF FO	CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER			٠.	thro	ugh	12/31/2005	. Domo	56
Pat Bates for Supervisor							Page I.D. NUM	<u>56</u> <b>of</b> 66 BER
CODES: If one of the fall :							12655	11
CODES: If one of the following codes accurately described campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings	MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and s POS postage, del	imunications d appearance ises lating survey resea	ces •	RAD RFD SAL TEL TRC TRS TSF VOT	radio a returne campa t.v. or c candida staff/sp transfe.	irtime and production contributions ign workers' salari sable airtime and pate travel, lodging, ouse travel lodging.	on costs es roduction cost and meals g, and meals ees of the sa	me candidate/sponso
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTIO			oro (internet, t	AMOUNT PAID
Paule Consulting, Inc.								,
		CNS						8 <b>4</b> 7.50
		· · · · · · · · · · · · · · · · · · ·		<u> </u>				
			<del> </del>					
								•
Douments that are								
Payments that are contributions or independent expenditures must also	o be summarized on S	chedule D.				SI	JBTOTAL \$	847.50

## Schedule F

Type or print in ink.

Accrued Expenses (Unpaid Bills)	to whole dollars.	from07/01		FORM 460	
SEE INSTRUCTIONS ON REVERSE			through12/31	/2005 Pag	e <u>57</u> of 66
NAME OF FILER					JMBER
Pat Bates for Supervisor	•	,		1	5511
CODES: If one of the following codes accurately describ	es the navment you may	y optor the seds. Of			
CODES: If one of the following codes accurately describ  CMP campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events  independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings	MBR member communication MTG meetings and appearate office expenses PET petition circulating phone banks POL polling and survey rest postage, delivery and professional services print ads	ns inces earch messenger services	RAD radio airtime ar RFD returned contril SAL campaign work TEL t.v. or cable airt TRC candidate trave TRS staff/spouse tra TSF transfer betwee VOT voter registratic	nd production costs butions ers' salaries time and production coll, lodging, and meals evel, lodging, and meals committees of the s	s ame candidate/sponsor
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER ID. NUMBER)  Betty Presley & Associates, Inc.	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
becty Fiesley & Associates, Inc.	PRO	200.00	0.00	200.00	0.00
Betty Presley & Associates, Inc.	PRO	625.00	0.00	625.00	0.00
The St. Regis Monarch Beach	FND	4,763.35	-1,750.33	0.00	3,013.02
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS \$	5,588.35	-1,750.33 \$	825.00	3,013.02
Schedule F Summary					
<ol> <li>Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized at 2. Total accrued expenses paid this period. (Include all Scheen)</li> </ol>	accrued expenses under \$	100.)			
accrued expenses of \$100 or more, plus total unitemized p.  3. Net change this period. (Subtract Line 2 from Line 1. Ent	er the difference here and				10,810.68
on the Summary Page, Column A, Line 9.)				NET \$ _	-11,753.77

#### Schedule F (Continuation Sheet) **Accrued Expenses (Unpaid Bills)**

NAME OF FILER

Pat Bates for Supervisor

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE F (CONT.)

Statement covers period	CALIFORNIA AGO
from07/01/2005	FORM 400
 through 12/31/2005	Page 58 of 66
	I.D. NUMBER
	1265511

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances CTB contribution (explain nonmonetary)\* returned contributions OFC office expenses CVC civic donations SAL campaign workers' salaries PET petition circulating TEL t.v. or cable airtime and production costs FIL candidate filing/ballot fees phone banks TRC candidate travel, lodging, and meals FND fundraising events polling and survey research staff/spouse travel, lodging, and meals ND independent expenditure supporting/opposing others (explain)\* TRS postage, delivery and messenger services transfer between committees of the same candidate/sponsor TSF legal defense PRO professional services (legal, accounting) LIT VOT campaign literature and mailings voter registration PRT print ads WEB information technology costs (internet, e-mail) \* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Paule Consulting, Inc.	CNS	539.28	0.00	539.28	0.00
The Monaco Group	FND	559.88	0.00	559.88	0.00
	·				
Paule Consulting, Inc.	CNS	4,781.10	0.00	4,781.10	0.00
Paule Consulting, Inc.	FND	302.97	0.00	302.97	0.00
	SUBTOTALS :	6,183.23	0.00 \$	6,183.23	0.00

### Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE F (CONT.)

Statement covers period		CALIFORNIA AGO
from	07/01/2005	FORM 40U
through	12/31/2005	Page 59 of 66
		I.D. NUMBER
		1265511

Pat Bates for Supervisor

NAME OF FILER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP MBR member communications CNS campaign consultants RAD radio airtime and production costs MTG meetings and appearances contribution (explain nonmonetary)\* CTB RFD returned contributions OFC office expenses CVC civic donations SAL campaign workers' salaries PET petition circulating FIL candidate filing/ballot fees t.v. or cable airtime and production costs TEL phone banks FND fundraising events candidate travel, lodging, and meals polling and survey research independent expenditure supporting/opposing others (explain)\* ND TRS staff/spouse travel, lodging, and meals postage, delivery and messenger services LEG legal defense transfer between committees of the same candidate/sponsor TSF professional services (legal, accounting) PRO LIT

tit campaign literature and mailings

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

\* Professional services (legal, accounting)

\* Professional services (legal, accounting)

\* Professional services (legal, accounting)

\* WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)  Betty Presley & Associates, Inc.	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Associates, Inc.	PRO	2,100.00	0.00	2,100.00	0.00
We Do Graphics, Inc.					
The stage of the s	LIT	1,653.96	0.00	1,653.96	0.00
Sergio Prince					
Time .	OFC	0.00	630.73	0.00	630.73
Carillan Course		•			
arilyn Cavanaugh	FND	0.00	225.00	0.00	225.00
	SUBTOTALS \$	3,753.96 \$	855.73 \$	3,753.96\$	855.73

Schedule G	
<b>Payments Mad</b>	e by an Agent or Independent
	Behalf of This Committee)

LEG

legal defense

campaign literature and mailings

Type or print in ink. Amounts may be rounded

			CHEDULE G
State	ement covers period	CALIFORNIA	460
rom	07/01/2005	CALIFORNIA FORM	<b>400</b>

TSF transfer between committees of the same candidate/sponsor

WEB information technology costs (internet, e-mail)

VOT voter registration

Contractor (on Behalf of This Committee)	to whole dollars.	from07/01/2005	FORM 460
SEE INSTRUCTIONS ON REVERSE		through12/31/2005	Page 60 of 66
NAME OF FILER			I.D. NUMBER
Pat Bates for Supervisor	·		1265511
NAME OF AGENT OR INDEPENDENT CONTRACTOR Gilliard Blanning Wysocki & Associates			
CODES: If one of the following codes accurately descri	bes the payment, you may enter the code. O	Otherwise, describe the paymen	
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations	MBR member communications. MTG meetings and appearances OFC office expenses	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries	

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PRT

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

		DESCRIPTION OF PAYMENT		AMOUNT PAID
LIT				550.0
		•		550.0
	1			
		<del>.</del>		
TTM		· · · · · · · · · · · · · · · · · · ·		
111				3,373.8
				İ
		· · · · · · · · · · · · · · · · · · ·		
	•			
	<del>                                     </del>			
	1			•
	LIT	LIT	LIT	LIT

<sup>\*</sup> Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

TOTAL\* \$

3,923.88

## Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.

Amounts may be rounded to whole dollars.

				CHEDULE	
State	ment covers period	CALIFORNIA		ACO	
from	07/01/2005	FOR	FORM		Į
through	12/31/2005	Page	61 of	66	

SEE INSTRUCTIONS ON REVERSE	through 12/31/2005	- Page61 of66
NAME OF FILER		I.D. NUMBER
Pat Bates for Supervisor	•	1265511
NAME OF AGENT OR INDEPENDENT CONTRACTOR		
Jeanette Krembas		

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)\* OFC office expenses SAL campaign workers' salaries CVC civic donations petition circulating TEL t.v. or cable airtime and production costs candidate filing/ballot fees РНО phone banks candidate travel, lodging, and meals FND fundraising events polling and survey research staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)\* IND postage, delivery and messenger services transfer between committees of the same candidate/sponsor TSF LEG legal defense professional services (legal, accounting) VOT voter registration campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE O	R DESCRIPTION OF PAYMENT	AMOUNT PAID
Clem Ahia	FND		250.0
			250.0
		•	
	· ]		
tach additional information on appropriately labeled continuation she	ets.		TOTAL* \$ 250.00

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

TOTAL\* \$

250.00

Schedule G	
Payments M	lade by an Agent or Independent
	on Behalf of This Committee)

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period CALIFORNIA 460 FORM

Contractor (on Denair or This Committee)	from 07/01/2005	FORM TOO
SEE INSTRUCTIONS ON REVERSE	through <u>12/31/2005</u>	Page 62 of 66
NAME OF FILER Pat Bates for Supervisor		I.D. NUMBER 1265511
NAME OF AGENT OR INDEPENDENT CONTRACTOR Paule Consulting, Inc.		
CODES: If one of the following codes accurately describes the payment, you may enter the code campaign paraphernalia/misc.  CNS campaign consultants  MBR member communications.  MBR member communications.  MTG meetings and appearances	e. Otherwise, describe the payment  RAD radio airtime and production of RFD returned contributions	

contribution (explain nonmonetary)\* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating t.v. or cable airtime and production costs candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals FND fundraising events polling and survey research staff/spouse travel, lodging, and meals TRS independent expenditure supporting/opposing others (explain)\* IND POS postage, delivery and messenger services transfer between committees of the same candidate/sponsor TSF LEG legal defense professional services (legal, accounting) PRO VOT voter registration

campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Copies and More	FND		369.80
			369.80
			·
Kinko's	FND		162.16
			152.10
·			
US Postmaster	FND		185.00
			100,00
	İ		
Copies and More	FND		150.85
			130.03
tach additional information on appropriately labeled continuation sheets.	<u> </u>		TOTAL* \$ 867.81

<sup>\*</sup> Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

### Schedule G Payments Made by an Agent or Independent

Type or print in ink. Amounts may be rounded

SCHEDULE G Statement covers period

Contractor (on Behalf of This Committee)	to whole dollars.	from07/01/2005	FORM 460
SEE INSTRUCTIONS ON REVERSE		through 12/31/2005	Page 63 of 66
NAME OF FILER  Pat Bates for Supervisor  NAME OF AGENT OR INDEPENDENT CONTRACTOR			I.D. NUMBER 1265511
Paule Consulting, Inc.			
CODES: If one of the following codes accurately described campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events  IND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and prod TRC candidate travel, lodging, and TRS staff/spouse travel, lodging, and	costs fuction costs fineals and meals s of the same candidate/sponsor
* Payments that are contributions or independent expenditures must al	so be summarized on Schedule D.	•	,,,

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT	r PAID
rown Valley Florist	FND	1			
		ļ			115.75
inko's	FND	ļ			
i i i i i i i i i i i i i i i i i i i	FND				115.84
	į				
alph's	FND				115.17
		<b>,</b>			
S Postmaster	FND				
•		1		1	188.95
		1			
	<u></u>				
ach additional information on appropriately labeled continuation sheets.				TOTAL* \$	

<sup>\*</sup> Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Type or print in ink. Amounts may be rounded to whole dollars.	Statement covers period from 07/01/2005	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through12/31/2005	Page 64 of 66
Pat Bates for Supervisor  NAME OF AGENT OR INDEPENDENT CONTRACTOR			I.D. NUMBER 1265511
CODES: If one of the following codes accurately describe campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees	MBR member communications. MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and prod	costs
FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads	TRC candidate travel, lodging, an TRS staff/spouse travel, lodging, TSF transfer between committee VOT voter registration WEB information technology costs	and meals s of the same candidate/sponsor

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

South OC Regional Chamber of Commerce  OFC  OFC  DESCRIPTION OF PAYMENT  OFC	AMOUNT	AMO
	1	
	İ	1
		İ
ttach additional information on appropriately labeled continuation sheets.		TOTAL* \$

<sup>\*</sup> Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

#### Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink. Amounts may be rounded to whole dollars.

	···		OUEDOFF (
State	ement covers period	CALIFORNIA	460
from	07/01/2005	FORM	400

WEB information technology costs (internet, e-mail)

o o marcini (on Donan or mis comm	nico)	from 5770172005	FORM 100
SEE INSTRUCTIONS ON REVERSE	•	through12/31/2005	- Page 65 of 66
NAME OF FILER			I.D. NUMBER
Pat Bates for Supervisor			1265511
NAME OF AGENT OR INDEPENDENT CONTRACTOR			
Sergio Prince			
CODES: If one of the following codes accura	itely describes the payment, you may enter the c	ode Otherwise describe the navmer	nt .
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production	

CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)\* OFC office expenses SAL campaign workers' salaries CVC civic donations petition circulating TEL t.v. or cable airtime and production costs candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)\* ND postage, delivery and messenger services transfer between committees of the same candidate/sponsor TSF LEG legal defense PRO professional services (legal, accounting) VOT voter registration LIT campaign literature and mailings PRT print ads

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
OfficeMax	FND		695.0
			033.0
US Postmaster			
OSTOSCHIASCET	FND		1,406.0
OfficeMax	LIT		131.9
	,		
US Postmaster	LIT		
			444.00
tach additional information on appropriately labeled continuation sheets.			TOTAL* \$ 2.676.91

<sup>\*</sup> Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

TOTAL\* \$

2,676.91

#### Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE G
Statement covers period om07/01/2005	CALIFORNIA 460
	TORIW

•		I OKW	
EE INSTRUCTIONS ON REVERSE	through12/31/2005	Page 66 of 66	
IAME OF FILER			
Pat Bates for Supervisor		I.D. NUMBER	
		1265511	
IAME OF AGENT OR INDEPENDENT CONTRACTOR			
Phyllis Schneider			

CODES: If one of the following codes accurately descriptions campaign paraphernalia/misc.  CNS campaign consultants  CNS contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filling/ballot fees  fundraising events  independent expenditure supporting/opposing others (explain)*  LEG legal defense  LT campaign literature and mailings	MBR member communications. MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger service PRO professional services (legal, accounting PRT print ads	RAD radio airtime and production costs  RFD returned contributions  SAL campaign workers' salaries  TEL t.v. or cable airtime and production costs  TRC candidate travel, lodging, and meals  TRS staff/spouse travel, lodging, and meals  TRS transfer between committees of the same condidate/space
---	---	--

Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAIL
nomas Printers	FND	T		
				116
9 (14 (15 (15 (15 (15 (15 (15 (15 (15 (15 (15				
	į.			
				F.
ch additional information on appropriately labeled continuation she				

TOTAL\* \$

116.38

<sup>\*</sup> Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.